GOVERNMENT GETS PRO-ACTIVE ON SCHOOL SMOKERS

In the government’s latest aggressive clampdown on smoking, high school curricula could have the subjects of ‘Harm minimisation’ and ‘Lifeskills training’ added as subjects next year, Izindaba has learnt.

The intervention follows the much-debated 1999 legislation banning smoking in public places and prohibiting advertising or sponsorship by cigarette companies, considered as ‘groundbreaking’ at the time.

The medical research council (MRC) says it will present to the education department by September this year, findings from 6 months of teaching these subjects to grade 8 and 9 pupils at 24 different schools in the Western Cape and KwaZulu-Natal.

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The move is the next logical step in preventing the spread of smoking-related diseases that kill 1 in 9 adult South Africans, 35% (7 million) of whom are active smokers. The number of smokers has increased by 1% per year since 1995.

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According to Dr Shegs James, who co-ordinated research for the Health Promotion Unit of the MRC, the research was launched in 2004 by the then national education minister, Professor Kader Asmal and Dr Manto Tshabalala-Msimang, his health counterpart.

No behaviour change results – yet

James said her colleagues are still poring over the most recent follow-up surveys to see how much behaviour change the teaching had created among pupils.

It would be ‘premature to draw any conclusions yet’, because the dataset was still being analysed.

The lifeskills curriculum teaches grade 8 and 9 pupils about anger and conflict management, the impact of peer pressure, psychosocial issues, how to handle stress and how to acquire better communication skills. Instead of bland ‘stop smoking’ imperatives, the second curriculum, ‘Keep left’ (harm minimisation) helps pupils develop strategies to stop or minimise smoking and to find ways of ‘taking control’ and helping others to do so while discussing how they started smoking in the first place.

The MRC’s Alicia Davids, who helped design the curriculum and research protocols, told Izindaba that the curricula were born of dramatic findings made in 2002 after global youth...
tobacco-use surveys by the MRC. Of 123 South Africa schools surveyed (6 045 respondents), 23% of pupils reported smoking one or more cigarettes in the 30 days preceding the survey while 46.7% admitted having ever smoked a cigarette or having had a puff of one.

A full 18.5% of pupils reported first smoking cigarettes before the age of 10 while 18.2% had used tobacco products other than cigarettes such as chewing tobacco and snuff. Nearly 65% were not refused cigarettes because of their age when they bought them. Significantly, 73% of the juvenile ‘current’ smokers had expressed a desire to stop smoking with 76.6% having made an attempt to stop smoking.

The current pilot anti-tobacco curricula and behaviour change surveys are aimed at providing the government with the scientific ammunition needed to apply the curricula country-wide.

**Major impact on health care costs**

Dr Mbewu described the project as ‘the next onslaught in the battle to protect our fellow-citizens and ensuing generations from premature and unpleasant death and disability from tobacco’.

The move is expected to have a major impact on escalating tobacco-related health care costs. The interventions will also be tailored to the historical ‘racial’, gender and provincial differences that have emerged from the initial surveys.

According to MRC data, smoking prevalence among South Africans aged 18 - 24 increased from 31% to 36% between February 1995 and October 1996 alone – inferring that most of these smokers became regular smokers during their adolescent years. The increase had held fast over the years.

The Western Cape has the highest of tobacco-related deaths (1 in 5) with a 100% increase in lung cancer mortality rates among Coloured men and a 300% increase among Coloured women during the 1970s and 1980s. Lowest use of tobacco nationally is found among African and Indian girls.

Chris Bateman

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**Health & Medical Publishing Group**

**Cancer Diagnosis in Primary Care**

Edited by William Hamilton and Tim J. Peters

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The aim of the book is to inform primary care clinicians (including those in training) about the way cancer presents to primary care, and how they can select patients for investigation. One quarter of UK deaths are from cancer, and the large majority of these tumours initially present to primary care. Cancer diagnosis is difficult, both in identifying those who do need investigation, and those who don’t. *Cancer Diagnosis in Primary Care* covers the major cancers in individual chapters. The book also includes chapters on screening, systemic symptoms (which may be present with a number of cancers), and the terms used in cancer epidemiology. A final section of ‘case-studies’ offers an important opportunity for teaching or self-assessment. Although based on a thorough knowledge of the subject, the book uses an ex-cathedra style rather than being peppered with references in a highly academic fashion. The facts are right, but the aim is to make it readable! The approach is firmly based on the primary care clinician’s needs. The editors are academics in primary care, who are active researchers in the cancer field, and have a heavy involvement with the national cancer scene.